13_care_management_plan_review_v2.0

Care Management Plan	(Affix identification label here) URN:		
Queensland Government Medicare Item No. 721	Family name:		
	Given name(s):		
	Address:		
Facility:	Date of birth: Sex: M F I		
Health problems and relevant conditions Agreed management goals			
1			
2.			
Actions to be taken by the patient			
3.			
Arrangements to provide treatment and services to the patient (when, who,	contact details)		
4.			
Copy of plan provided to patient? Patient signature: Date:	Recall and review date due: Medicare Item No. 721 claimed?		
Yes No	/ / Yes		
Date: Doctors name (print):	Doctors signature:		
/ /			
I have explained the steps involved with this care plan and the client has agreed to proceed with this service?	☐Yes ○No		

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Care Management Plan Medicare Item No. 721

(Affix identification label here)								
URN:								
Family name:								
Given name(s):								
Address:								
Date of birth:	Sex:	M	F					

					Address:	
Facility:					Date of birth:	Sex: M F I
Health problems and relevant condition	ns Agreed mana	gement goals				
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2.						
	Actions to be	taken by the patient				
3.						
	Arrangoments	s to provide treatment and services to the	a nationt (when who co	antaat dat	toile)	
	Arrangements	s to provide treatment and services to the	e patient (when, who, co	Jillact del	talis)	
4.						
Copy of plan provided to patient?	Patient signature:		Date:	Recal	ll and review date due:	Medicare Item No. 721 claimed?
☐Yes ☐ No			/ /		1 1	☐Yes ☐ No
Date: Doctor name (print):				Doctor si	ignature:	
/ /						
I have explained the steps involved wi	th this care plan an	d the patient has agreed to proceed with	h this service	Yes	□No	